

# EMERGENCY PHONE CHECKLIST

Agrium CPO

DATE: 1/7/2009

TIME: 0350

Revised 7/16/2008

<b>ANSWERED:</b>		Lab <input checked="" type="checkbox"/>	Safety <input type="checkbox"/>	Guard <input type="checkbox"/>
<b>Name of person calling:</b> <u>Shane Clark</u>				
<b>Was 333 called?</b>				
Yes	<input checked="" type="checkbox"/>			
No	<input type="checkbox"/>			
<b>Nature of Emergency:</b>		<b>Release Information: (In Gallons)</b>		
Accident	<input type="checkbox"/>	Amount Spilled	<input type="text" value="25-30"/>	
Explosion	<input type="checkbox"/>	Amount Contained	<input type="text" value="25-30"/>	
Fire	<input type="checkbox"/>	Amount Not Contained	<input type="text"/>	
Release	<input checked="" type="checkbox"/>			
<b>Detailed Comments: (Be Specific)</b> <u>Flange leaking 70% acid on top of Tk 51</u>				
<b>Area of emergency: (Be Specific)</b> <u>SPA</u>				
<b>Nature of Injuries</b>				
None	<input checked="" type="checkbox"/>	Thermal burn	<input type="checkbox"/>	Laceration <input type="checkbox"/>
Fall	<input type="checkbox"/>	Chem. Burn	<input type="checkbox"/>	Other <input type="checkbox"/>
<b>Area affected</b>				
Eyes	<input type="checkbox"/>	Arms	<input type="checkbox"/>	Back <input type="checkbox"/>
Face & Head	<input type="checkbox"/>	Hands	<input type="checkbox"/>	Legs <input type="checkbox"/>
Neck	<input type="checkbox"/>	Chest	<input type="checkbox"/>	Feet <input type="checkbox"/>
<b>Do we Need?</b>				
Ambulance	<input type="checkbox"/>	Evacuation	<input type="checkbox"/>	ER Team <input type="checkbox"/>
Other	<input type="checkbox"/>	None	<input checked="" type="checkbox"/>	
<b>Wind direction &amp; Speed</b>		<div style="text-align: center;"> <p>0 North</p> <p>270 West      90 East</p> <p>180 South</p> </div>		
MPH <input type="text" value="15"/>	Direction <input type="text" value="SW"/>			
Cross out area that the wind is coming from. This will tell where to send the people to.				
<b>Send to Zone</b> <input type="text" value="3"/> No wind send to Zone 3				
<b>Filled out by:</b> <u>J Kennedy</u>				
<b>Visual check:</b>				

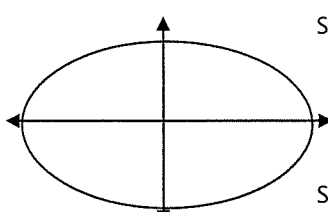
**EMERGENCY PHONE CHECKLIST**

Agrium CPO

DATE: 1/16/2009

TIME: 10:30

Revised 7/16/2008

<b>ANSWERED:</b>			
<i>Lab</i>	<input checked="" type="checkbox"/>	<i>Safety</i>	<input checked="" type="checkbox"/>
<i>Guard</i>	<input checked="" type="checkbox"/>		
<b>Name of person calling:</b> <u>Dan Wilde</u>			
<b>Was 333 called?</b>			
Yes	<input checked="" type="checkbox"/>		
No	<input type="checkbox"/>		
<b>Nature of Emergency:</b>		<b>Release Information: (In Gallons)</b>	
Accident	<input type="checkbox"/>	Amount Spilled	<input type="text" value="25"/>
Explosion	<input type="checkbox"/>	Amount Contained	<input type="text"/>
Fire	<input type="checkbox"/>	Amount Not Contained	<input type="text" value="25"/>
Release	<input checked="" type="checkbox"/>		
<b>Detailed Comments: (Be Specific)</b> <u>Phosrock slurry to PPA: black plastic pipe had crack in weld</u>			
<b>Area of emergency: (Be Specific)</b> <u>SW corner by old cooling basin east sulfuric</u>			
<b>Nature of Injuries</b>			
None	<input checked="" type="checkbox"/>	Thermal burn	<input type="checkbox"/>
Fall	<input type="checkbox"/>	Chem. Burn	<input type="checkbox"/>
		Laceration	<input type="checkbox"/>
		Other	<input type="checkbox"/>
<b>Area affected</b>			
Eyes	<input type="checkbox"/>	Arms	<input type="checkbox"/>
Face & Head	<input type="checkbox"/>	Hands	<input type="checkbox"/>
Neck	<input type="checkbox"/>	Chest	<input type="checkbox"/>
		Back	<input type="checkbox"/>
		Legs	<input type="checkbox"/>
		Feet	<input type="checkbox"/>
<b>Do we Need?</b>			
Ambulance	<input type="checkbox"/>	Evacuation	<input type="checkbox"/>
ER Team	<input type="checkbox"/>	Other	<input type="checkbox"/>
		None	<input checked="" type="checkbox"/>
<b>Wind direction &amp; Speed</b>		<div style="text-align: center;">0 North</div> <div style="text-align: center;">Send to Zone 4      Send to Zone 1</div> <div style="text-align: center;">270 West      90 East</div> <div style="text-align: center;">Send to Zone 3      Send to Zone 2</div> <div style="text-align: center;">180 South</div> 	
MPH <input type="text" value="0"/> Direction <input type="text"/>			
Cross out area that the wind is coming from. This will tell where to send the people to.			
Send to Zone <input type="text" value="3"/> No wind send to Zone 3			
<b>Filled out by:</b> <u>J Kennedy</u>			
<b>Visual check:</b>			

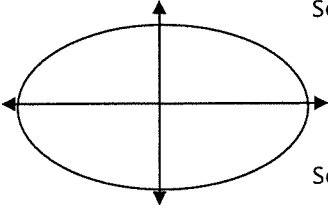
# EMERGENCY PHONE CHECKLIST

Agrium CPO

DATE: 2/2/2009

TIME: 9:55

Revised 7/16/2008

<b>ANSWERED:</b>		Lab	<input checked="" type="checkbox"/>	Safety	<input checked="" type="checkbox"/>	Guard	<input checked="" type="checkbox"/>
<b>Name of person calling:</b> <u>Jim Sipola</u>							
<b>Was 333 called?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
<b>Nature of Emergency:</b>				<b>Release Information: (In Gallons)</b>			
Accident	<input type="checkbox"/>	Amount Spilled	<input type="checkbox"/>	5			
Explosion	<input type="checkbox"/>	Amount Contained	<input type="checkbox"/>	5			
Fire	<input type="checkbox"/>	Amount Not Contained	<input type="checkbox"/>				
Release	<input checked="" type="checkbox"/>						
<b>Detailed Comments:</b> (Be Specific)		52% acid was dripping from a pipe located in the piperack between PPA and the rail tracks.					
<b>Area of emergency:</b> (Be Specific)		PPA Plant					
<b>Nature of Injuries</b>		None	<input checked="" type="checkbox"/>	Thermal burn	<input type="checkbox"/>	Laceration	<input type="checkbox"/>
		Fall	<input type="checkbox"/>	Chem. Burn	<input type="checkbox"/>	Other	<input type="checkbox"/>
<b>Area affected</b>		Eyes	<input type="checkbox"/>	Arms	<input type="checkbox"/>	Back	<input type="checkbox"/>
		Face & Head	<input type="checkbox"/>	Hands	<input type="checkbox"/>	Legs	<input type="checkbox"/>
		Neck	<input type="checkbox"/>	Chest	<input type="checkbox"/>	Feet	<input type="checkbox"/>
<b>Do we Need?</b>		Ambulance	<input type="checkbox"/>	Evacuation	<input type="checkbox"/>	ER Team	<input type="checkbox"/>
		Other	<input type="checkbox"/>	None <input checked="" type="checkbox"/>			
<b>Wind direction &amp; Speed</b> MPH <input type="text" value="0"/> Direction <input type="text"/> Cross out area that the wind is coming from. This will tell where to send the people to. <b>Send to Zone</b> No wind send to Zone 3		<div style="text-align: center;">         0 North          Send to Zone 4      Send to Zone 1          270 West            90 East          Send to Zone 3      Send to Zone 2          180 South       </div>					
<b>Filled out by:</b> Daren Maughan							
<b>Visual check:</b>							

# EMERGENCY PHONE CHECKLIST

Agrium CPO

DATE: 2/19/2009

TIME: 6:15

Revised 7/16/2008

<b>ANSWERED:</b>				<i>Lab</i>	<input checked="" type="checkbox"/>	<i>Safety</i>	<input checked="" type="checkbox"/>	<i>Guard</i>	<input checked="" type="checkbox"/>
Name of person calling: <u>Framk Fagnet</u>									
Was 333 called?									
Yes		<input checked="" type="checkbox"/>							
No		<input type="checkbox"/>							
Nature of Emergency:					Release Information: (In Gallons)				
Accident		<input type="checkbox"/>		Amount Spilled		400			
Explosion		<input type="checkbox"/>		Amount Contained		<input type="checkbox"/>			
Fire		<input type="checkbox"/>		Amount Not Contained		400			
Release		<input type="checkbox"/>							
Detailed Comments: (Be Specific) <u>A gasket in the wac water transfer line to PPA started leaking in a flange.</u>									
Area of emergency: (Be Specific) <u>PPA</u>									
Nature of Injuries									
None		<input checked="" type="checkbox"/>		Thermal burn		<input type="checkbox"/>		Laceration	
Fall		<input type="checkbox"/>		Chem. Burn		<input type="checkbox"/>		Other	
Area affected									
Eyes		<input type="checkbox"/>		Arms		<input type="checkbox"/>		Back	
Face & Head		<input type="checkbox"/>		Hands		<input type="checkbox"/>		Legs	
Neck		<input type="checkbox"/>		Chest		<input type="checkbox"/>		Feet	
Do we Need?									
Ambulance		<input type="checkbox"/>		Evacuation		<input type="checkbox"/>		ER Team	
Other		<input type="checkbox"/>		None		<input checked="" type="checkbox"/>			
Wind direction & Speed				<div style="text-align: center;"> <p>0 North</p> <p>270 West</p> <p>90 East</p> <p>180 South</p> </div>					
Cross out area that the wind is coming from. This will tell where to send the people to.									
Send to Zone <u>3</u> MPH <u>3</u> Direction <u>So eas</u>									
No wind send to Zone 3									
Filled out by: <u>Howard Johnson</u>									
Visual check:									

# EMERGENCY PHONE CHECKLIST

Agrium CPO

DATE: 3/2/2009

TIME: 8:09

Revised 7/16/2008

<b>ANSWERED:</b>				Lab	<input checked="" type="checkbox"/>	Safety	<input checked="" type="checkbox"/>	Guard	<input checked="" type="checkbox"/>
Name of person calling: <u>Shane Clark</u>									
Was 333 called?									
Yes		<input checked="" type="checkbox"/>							
No		<input type="checkbox"/>							
Nature of Emergency:					Release Information: (In Gallons)				
Accident	<input type="checkbox"/>				Amount Spilled	<input type="text" value="3000 Gal."/>			
Explosion	<input type="checkbox"/>				Amount Contained	<input type="text" value="All"/>			
Fire	<input type="checkbox"/>				Amount Not Contained	<input type="text"/>			
Release	<input checked="" type="checkbox"/>								
Detailed Comments: (Be Specific) <u>The pond water return pump failed, and 3000 gallons of low pH water was released into the containment area.</u>									
Area of emergency: (Be Specific) <u>SPA load out</u>									
Nature of Injuries									
None		<input checked="" type="checkbox"/>		Thermal burn		<input type="checkbox"/>		Laceration	
Fall		<input type="checkbox"/>		Chem. Burn		<input type="checkbox"/>		Other	
Area affected									
Eyes		<input type="checkbox"/>		Arms		<input type="checkbox"/>		Back	
Face & Head		<input type="checkbox"/>		Hands		<input type="checkbox"/>		Legs	
Neck		<input type="checkbox"/>		Chest		<input type="checkbox"/>		Feet	
Do we Need?									
Ambulance		<input type="checkbox"/>		Evacuation		<input type="checkbox"/>		ER Team	
Other		<input type="checkbox"/>		None		<input checked="" type="checkbox"/>			
Wind direction & Speed				<div style="text-align: center;"> <p>0 North</p> <p>Send to Zone 4      Send to Zone 1</p> <p>270 West      90 East</p> <p>Send to Zone 3      Send to Zone 2</p> <p>180 South</p> </div>					
Cross out area that the wind is coming from. This will tell where to send the people to. Send to Zone      No wind send to Zone 3									
Filled out by: <u>Steve Moore</u>									
Visual check: <u>South to North</u>									

# EMERGENCY PHONE CHECKLIST

Agrium CPO

DATE: 3/13/2009

TIME: 7:05

Revised 7/16/2008

<b>ANSWERED:</b>		Lab	<input checked="" type="checkbox"/>	Safety	<input type="checkbox"/>	Guard	<input checked="" type="checkbox"/>
<b>Name of person calling:</b> <u>Jeremy Higley</u>							
<b>Was 333 called?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
<b>Nature of Emergency:</b>  Accident <input type="checkbox"/> Explosion <input type="checkbox"/> Fire <input type="checkbox"/> Release <input checked="" type="checkbox"/>				<b>Release Information: (In Gallons)</b>  Amount Spilled <input type="text" value="150 gl"/> Amount Contained <input type="text"/> Amount Not Contained <input type="text" value="150 gl"/>			
<b>Detailed Comments:</b> (Be Specific)		the laundry to tank 12 plugged off and released 150 gallons of 30% Phosphoric Acid onto the ground out of containment.					
<b>Area of emergency:</b> (Be Specific)		Phos Acid					
<b>Nature of Injuries</b>		None	<input checked="" type="checkbox"/>	Thermal burn	<input type="checkbox"/>	Laceration	<input type="checkbox"/>
		Fall	<input type="checkbox"/>	Chem. Burn	<input type="checkbox"/>	Other	<input type="checkbox"/>
<b>Area affected</b>		Eyes	<input type="checkbox"/>	Arms	<input type="checkbox"/>	Back	<input type="checkbox"/>
		Face & Head	<input type="checkbox"/>	Hands	<input type="checkbox"/>	Legs	<input type="checkbox"/>
		Neck	<input type="checkbox"/>	Chest	<input type="checkbox"/>	Feet	<input type="checkbox"/>
<b>Do we Need?</b>		Ambulance	<input type="checkbox"/>	Evacuation	<input type="checkbox"/>	ER Team	<input type="checkbox"/>
		Other	<input type="checkbox"/>	None	<input checked="" type="checkbox"/>		
<b>Wind direction &amp; Speed</b> MPH <input type="text" value="0"/> Direction <input checked="" type="checkbox"/> West Cross out area that the wind is coming from. This will tell where to send the people to. Send to Zone <input type="text" value="4"/> No wind send to Zone 3		<div style="text-align: center;"> </div>					
<b>Filled out by:</b> Howard Johnson							
<b>Visual check:</b>							

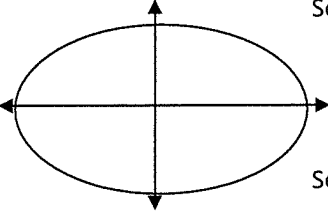
# EMERGENCY PHONE CHECKLIST

Agrium CPO

DATE: 3/25/2009

TIME: 10:58

Revised 7/16/2008

<b>ANSWERED:</b>		<i>Lab</i>	<input checked="" type="checkbox"/>	<i>Safety</i>	<input checked="" type="checkbox"/>	<i>Guard</i>	<input checked="" type="checkbox"/>				
<b>Name of person calling:</b> <u>Marty Thomas</u>											
<b>Was 333 called?</b>											
Yes		<input checked="" type="checkbox"/>									
No		<input type="checkbox"/>									
<b>Nature of Emergency:</b>				<b>Release Information: (In Gallons)</b>							
Accident		<input type="checkbox"/>		Amount Spilled		500 Gal.					
Explosion		<input type="checkbox"/>		Amount Contained		<input type="checkbox"/>					
Fire		<input type="checkbox"/>		Amount Not Contained		500 Gal.					
Release		<input checked="" type="checkbox"/>									
<b>Detailed Comments:</b> (Be Specific)				A pond water line near the east side of the cooling pond was leaking. Approximately 500 gallons of low pH water was spilled in an area that did not have containment barriers.							
<b>Area of emergency:</b> (Be Specific)				East side of the cooling pond.							
<b>Nature of Injuries</b>											
None		<input checked="" type="checkbox"/>		Thermal burn		<input type="checkbox"/>					
Fall		<input type="checkbox"/>		Chem. Burn		<input type="checkbox"/>					
Laceration		<input type="checkbox"/>		Other		<input type="checkbox"/>					
<b>Area affected</b>											
Eyes		<input type="checkbox"/>		Arms		<input type="checkbox"/>					
Face & Head		<input type="checkbox"/>		Hands		<input type="checkbox"/>					
Neck		<input type="checkbox"/>		Chest		<input type="checkbox"/>					
Back		<input type="checkbox"/>		Legs		<input type="checkbox"/>					
Feet		<input type="checkbox"/>									
<b>Do we Need?</b>											
Ambulance		<input type="checkbox"/>		Evacuation		<input type="checkbox"/>					
ER Team		<input type="checkbox"/>		Other		<input type="checkbox"/>					
None		<input checked="" type="checkbox"/>									
<b>Wind direction &amp; Speed</b>				<div style="text-align: center;"><p>0 North</p><p>Send to Zone 4      Send to Zone 1</p><p>270 West      90 East</p><p>Send to Zone 3      Send to Zone 2</p><p>180 South</p></div>							
MPH		5						Direction		S	
Cross out area that the wind is coming from. This will tell where to send the people to.											
Send to Zone      No wind send to Zone 3											
<b>Filled out by:</b> Steve Moore											
<b>Visual check:</b> North to South											

NUW 006375

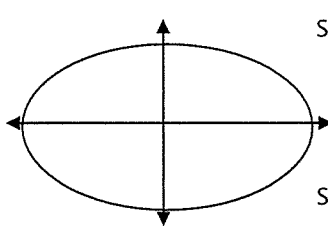
# EMERGENCY PHONE CHECKLIST

Agrium CPO

DATE: 3/27/2009

TIME: 5:38

Revised 7/16/2008

<b>ANSWERED:</b>				<i>Lab</i>	<input checked="" type="checkbox"/>	<i>Safety</i>	<input type="checkbox"/>	<i>Guard</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Name of person calling:</b> <u>Lee Kunz</u>										
<b>Was 333 called?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>										
<b>Nature of Emergency:</b>  Accident <input type="checkbox"/> Explosion <input type="checkbox"/> Fire <input type="checkbox"/> Release <input checked="" type="checkbox"/>					<b>Release Information: (In Gallons)</b>  Amount Spilled <input type="text"/> Amount Contained <input type="text"/> Amount Not Contained <b>50-75</b>					
<b>Detailed Comments: (Be Specific)</b> <u>The Gyp Disposal Tank in the Filter Building overflowed.</u>										
<b>Area of emergency: (Be Specific)</b> <u>Filter Building</u>										
<b>Nature of Injuries</b> None <input checked="" type="checkbox"/> Thermal burn <input type="checkbox"/> Laceration <input type="checkbox"/> Fall <input type="checkbox"/> Chem. Burn <input type="checkbox"/> Other <input type="checkbox"/>										
<b>Area affected</b> Eyes <input type="checkbox"/> Arms <input type="checkbox"/> Back <input type="checkbox"/> Face & Head <input type="checkbox"/> Hands <input type="checkbox"/> Legs <input type="checkbox"/> Neck <input type="checkbox"/> Chest <input type="checkbox"/> Feet <input type="checkbox"/>										
<b>Do we Need?</b> Ambulance <input type="checkbox"/> Evacuation <input type="checkbox"/> ER Team <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/>										
<b>Wind direction &amp; Speed</b> MPH <u>0</u> Direction <input type="text"/> Cross out area that the wind is coming from. This will tell where to send the people to. <b>Send to Zone</b> No wind send to Zone 3				<div style="text-align: center;">         0 North          Send to Zone 4      Send to Zone 1          270 West            90 East          Send to Zone 3      Send to Zone 2          180 South       </div>						
<b>Filled out by:</b> <u>Daren Maughan</u>										
<b>Visual check:</b>										



**EMERGENCY PHONE CHECKLIST**

Agrium CPO

DATE: 4/5/2009

TIME: 20:50

Revised 7/16/2008

<b>ANSWERED:</b>		<i>Lab</i> <input checked="" type="checkbox"/>	<i>Safety</i> <input type="checkbox"/>	<i>Guard</i> <input checked="" type="checkbox"/>
<b>Name of person calling:</b> <u>Rodger Peck</u>				
<b>Was 333 called?</b>				
Yes	<input checked="" type="checkbox"/>			
No	<input type="checkbox"/>			
<b>Nature of Emergency:</b>		<b>Release Information: (In Gallons)</b>		
Accident	<input type="checkbox"/>	Amount Spilled	<input type="text" value="300"/>	
Explosion	<input type="checkbox"/>	Amount Contained	<input type="text"/>	
Fire	<input type="checkbox"/>	Amount Not Contained	<input type="text" value="300"/>	
Release	<input checked="" type="checkbox"/>			
<b>Detailed Comments:</b> (Be Specific)		When the GYP pond pumps were shut down GYP slurry flowed back to the GYP disposal tank causing the tank to overflow and run out of the west side of the filter building		
<b>Area of emergency:</b> (Be Specific)		west side of the filter building in PHOS ACID		
<b>Nature of Injuries</b>		None <input checked="" type="checkbox"/>	Thermal burn <input type="checkbox"/>	Laceration <input type="checkbox"/>
		Fall <input type="checkbox"/>	Chem. Burn <input type="checkbox"/>	Other <input type="checkbox"/>
<b>Area affected</b>		Eyes <input type="checkbox"/>	Arms <input type="checkbox"/>	Back <input type="checkbox"/>
		Face & Head <input type="checkbox"/>	Hands <input type="checkbox"/>	Legs <input type="checkbox"/>
		Neck <input type="checkbox"/>	Chest <input type="checkbox"/>	Feet <input type="checkbox"/>
<b>Do we Need?</b>		Ambulance <input type="checkbox"/>	Evacuation <input type="checkbox"/>	ER Team <input type="checkbox"/>
		Other <input type="checkbox"/>	None <input checked="" type="checkbox"/>	
<b>Wind direction &amp; Speed</b> MPH <input type="text" value="5"/> Direction <input type="text" value="east"/> Cross out area that the wind is coming from. This will tell where to send the people to. Send to Zone <input type="text" value="2"/> No wind send to Zone 3		0 North Send to Zone 4 Send to Zone 1 270 West 90 East Send to Zone 3 Send to Zone 2 180 South 		
<b>Filled out by:</b> Howard Johnson				
<b>Visual check:</b> east to west				

# EMERGENCY PHONE CHECKLIST

Agrium CPO

DATE: 4/5/2009

TIME: 17:10

Revised 7/16/2008

<b>ANSWERED:</b>				Lab	<input checked="" type="checkbox"/>	Safety	<input type="checkbox"/>	Guard	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Name of person calling: <u>Lee Kunz</u>										
Was 333 called?										
Yes		<input checked="" type="checkbox"/>								
No		<input type="checkbox"/>								
Nature of Emergency:					Release Information: (In Gallons)					
Accident		<input type="checkbox"/>		Amount Spilled		<input type="text" value="unknown"/>				
Explosion		<input type="checkbox"/>		Amount Contained		<input type="text"/>				
Fire		<input type="checkbox"/>		Amount Not Contained		<input type="text"/>				
Release		<input checked="" type="checkbox"/>								
Detailed Comments: (Be Specific) <u>A leak on the west side of Old #1 Gyp Stack</u>										
Area of emergency: (Be Specific) <u>Old #1 Gyp Stack</u>										
Nature of Injuries										
None		<input checked="" type="checkbox"/>		Thermal burn		<input type="checkbox"/>		Laceration		<input type="checkbox"/>
Fall		<input type="checkbox"/>		Chem. Burn		<input type="checkbox"/>		Other		<input type="checkbox"/>
Area affected										
Eyes		<input type="checkbox"/>		Arms		<input type="checkbox"/>		Back		<input type="checkbox"/>
Face & Head		<input type="checkbox"/>		Hands		<input type="checkbox"/>		Legs		<input type="checkbox"/>
Neck		<input type="checkbox"/>		Chest		<input type="checkbox"/>		Feet		<input type="checkbox"/>
Do we Need?										
Ambulance		<input type="checkbox"/>		Evacuation		<input type="checkbox"/>		ER Team		<input checked="" type="checkbox"/>
Other		<input type="checkbox"/>		None		<input type="checkbox"/>				
Wind direction & Speed				<div style="text-align: center;"> <p>0 North</p> <p>Send to Zone 4      Send to Zone 1</p> <p>270 West      90 East</p> <p>Send to Zone 3      Send to Zone 2</p> <p>180 South</p> </div>						
Cross out area that the wind is coming from. This will tell where to send the people to.										
Send to Zone      No wind send to Zone 3										
Filled out by: <u>Daren Maughan</u>										
Visual check:										

# EMERGENCY PHONE CHECKLIST

Agrium CPO

DATE: 4/11/2009

TIME: 3:10

Revised 7/16/2008

<b>ANSWERED:</b>		Lab <input checked="" type="checkbox"/>	Safety <input type="checkbox"/>	Guard <input checked="" type="checkbox"/>
<b>Name of person calling:</b> <u>Shawn Davis</u>				
<b>Was 333 called?</b>				
Yes	<input checked="" type="checkbox"/>			
No	<input type="checkbox"/>			
<b>Nature of Emergency:</b>		<b>Release Information: (In Gallons)</b>		
Accident	<input type="checkbox"/>	Amount Spilled	<input type="text" value="50"/>	
Explosion	<input type="checkbox"/>	Amount Contained	<input type="text" value="50"/>	
Fire	<input type="checkbox"/>	Amount Not Contained	<input type="text"/>	
Release	<input checked="" type="checkbox"/>			
<b>Detailed Comments: (Be Specific)</b> <u>Blew an expansion joint on the East PRC pump. 42% acid release</u>				
<b>Area of emergency: (Be Specific)</b> <u>Granulation</u>				
<b>Nature of Injuries</b>				
None	<input checked="" type="checkbox"/>	Thermal burn	<input type="checkbox"/>	Laceration <input type="checkbox"/>
Fall	<input type="checkbox"/>	Chem. Burn	<input type="checkbox"/>	Other <input type="checkbox"/>
<b>Area affected</b>				
Eyes	<input type="checkbox"/>	Arms	<input type="checkbox"/>	Back <input type="checkbox"/>
Face & Head	<input type="checkbox"/>	Hands	<input type="checkbox"/>	Legs <input type="checkbox"/>
Neck	<input type="checkbox"/>	Chest	<input type="checkbox"/>	Feet <input type="checkbox"/>
<b>Do we Need?</b>				
Ambulance	<input type="checkbox"/>	Evacuation	<input type="checkbox"/>	ER Team <input type="checkbox"/>
Other	<input type="checkbox"/>	None	<input checked="" type="checkbox"/>	
<b>Wind direction &amp; Speed</b>		<div style="text-align: center;"> <p>0 North</p> <p>180 South</p> </div>		
MPH <input type="text" value="0"/> Direction <input type="text"/>				
Cross out area that the wind is coming from. This will tell where to send the people to.				
Send to Zone <input type="text"/> No wind send to Zone 3				
<b>Filled out by:</b> <u>Daren Maughan</u>		Send to Zone 4		
<b>Visual check:</b>		Send to Zone 1		
		Send to Zone 2		
		Send to Zone 3		

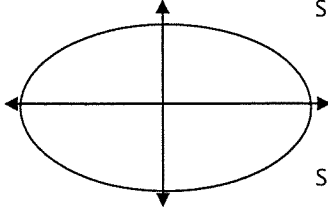
**EMERGENCY PHONE CHECKLIST**

Agrium CPO

DATE: **4/20/2009**

TIME: 14:40

Revised 7/16/2008

<b>ANSWERED:</b>			
<i>Lab</i>	<input checked="" type="checkbox"/>	<i>Safety</i>	<input type="checkbox"/>
<i>Guard</i>	<input checked="" type="checkbox"/>		
<b>Name of person calling:</b> <u>Ross Loercher</u>			
<b>Was 333 called?</b>			
Yes	<input checked="" type="checkbox"/>		
No	<input type="checkbox"/>		
<b>Nature of Emergency:</b>		<b>Release Information: (In Gallons)</b>	
Accident	<input type="checkbox"/>	Amount Spilled	<input type="text" value="200"/>
Explosion	<input type="checkbox"/>	Amount Contained	<input type="text" value="200"/>
Fire	<input type="checkbox"/>	Amount Not Contained	<input type="text"/>
Release	<input checked="" type="checkbox"/>		
<b>Detailed Comments:</b> <u>The 30% overflow tank at Phos Acid ran over spilling 30% acid.</u> (Be Specific)			
<b>Area of emergency:</b> <u>Phos Acid Plant</u> (Be Specific)			
<b>Nature of Injuries</b>			
None	<input checked="" type="checkbox"/>	Thermal burn	<input type="checkbox"/>
		Laceration	<input type="checkbox"/>
Fall	<input type="checkbox"/>	Chem. Burn	<input type="checkbox"/>
		Other	<input type="checkbox"/>
<b>Area affected</b>			
Eyes	<input type="checkbox"/>	Arms	<input type="checkbox"/>
		Back	<input type="checkbox"/>
Face & Head	<input type="checkbox"/>	Hands	<input type="checkbox"/>
		Legs	<input type="checkbox"/>
Neck	<input type="checkbox"/>	Chest	<input type="checkbox"/>
		Feet	<input type="checkbox"/>
<b>Do we Need?</b>			
Ambulance	<input type="checkbox"/>	Evacuation	<input type="checkbox"/>
		ER Team	<input type="checkbox"/>
Other	<input type="checkbox"/>	None	<input checked="" type="checkbox"/>
<b>Wind direction &amp; Speed</b>		<div style="text-align: center;">0 North</div> <div style="text-align: center;">Send to Zone 4      Send to Zone 1</div> <div style="text-align: center;">270 West      90 East</div> <div style="text-align: center;">Send to Zone 3      Send to Zone 2</div> <div style="text-align: center;">180 South</div> 	
Cross out area that the wind is coming from. This will tell where to send the people to. <b>Send to Zone</b> No wind send to Zone 3			
<b>Filled out by:</b> <u>Daren Maughan</u>			
<b>Visual check:</b>			

# EMERGENCY PHONE CHECKLIST

Agrium CPO

DATE: 4/23/2009

TIME: 16:31

Revised 7/16/2008

<b>ANSWERED:</b>				Lab	<input checked="" type="checkbox"/>	Safety	<input checked="" type="checkbox"/>	Guard	<input checked="" type="checkbox"/>
Name of person calling: <u>Joe Morgan</u>									
Was 333 called?									
Yes		<input checked="" type="checkbox"/>							
No		<input type="checkbox"/>							
Nature of Emergency:					Release Information: (In Gallons)				
Accident		<input type="checkbox"/>			Amount Spilled		<input type="checkbox"/>		
Explosion		<input type="checkbox"/>			Amount Contained		10 gal		
Fire		<input type="checkbox"/>			Amount Not Contained		<input type="checkbox"/>		
Release		<input checked="" type="checkbox"/>							
Detailed Comments: <u>Leak from the cooling tower fan motor</u> (Be Specific)									
Area of emergency: <u>old sulfuric cooling basin</u> (Be Specific)									
Nature of Injuries									
None		<input checked="" type="checkbox"/>		Thermal burn		<input type="checkbox"/>		Laceration <input type="checkbox"/>	
Fall		<input type="checkbox"/>		Chem. Burn		<input type="checkbox"/>		Other <input type="checkbox"/>	
Area affected									
Eyes		<input type="checkbox"/>		Arms		<input type="checkbox"/>		Back <input type="checkbox"/>	
Face & Head		<input type="checkbox"/>		Hands		<input type="checkbox"/>		Legs <input type="checkbox"/>	
Neck		<input type="checkbox"/>		Chest		<input type="checkbox"/>		Feet <input type="checkbox"/>	
Do we Need?									
Ambulance		<input type="checkbox"/>		Evacuation		<input type="checkbox"/>		ER Team <input type="checkbox"/>	
Other		<input type="checkbox"/>		None		<input type="checkbox"/>			
Wind direction & Speed				<div style="text-align: center;"> <p>0 North</p> <p>180 South</p> </div>					
MPH <u>10</u> Direction <u>nw</u>									
Cross out area that the wind is coming from. This will tell where to send the people to. <b>Send to Zone</b> No wind send to Zone 3									
Filled out by: <u>Tony wuthrich</u>									
Visual check: <u>yes</u>									

NUW 006381

# EMERGENCY PHONE CHECKLIST

Agrium CPO

DATE: 4/24/2009

TIME: 0500

Revised 7/16/2008

<b>ANSWERED:</b>				<i>Lab</i>	<input checked="" type="checkbox"/>	<i>Safety</i>	<input type="checkbox"/>	<i>Guard</i>	<input checked="" type="checkbox"/>
Name of person calling: _____									
Was 333 called?									
Yes		<input checked="" type="checkbox"/>							
No		<input type="checkbox"/>							
Nature of Emergency:					Release Information: (In Gallons)				
Accident		<input type="checkbox"/>		Amount Spilled		<input type="text" value="100"/>			
Explosion		<input type="checkbox"/>		Amount Contained		<input type="text"/>			
Fire		<input type="checkbox"/>		Amount Not Contained		<input type="text" value="100"/>			
Release		<input checked="" type="checkbox"/>							
Detailed Comments: 30% Phos Acid, Line plugged. (Be Specific)									
Area of emergency: Pipe Rack west of DCS (Be Specific)									
Nature of Injuries									
None		<input checked="" type="checkbox"/>		Thermal burn		<input type="checkbox"/>		Laceration	
Fall		<input type="checkbox"/>		Chem. Burn		<input type="checkbox"/>		Other	
Area affected									
Eyes		<input type="checkbox"/>		Arms		<input type="checkbox"/>		Back	
Face & Head		<input type="checkbox"/>		Hands		<input type="checkbox"/>		Legs	
Neck		<input type="checkbox"/>		Chest		<input type="checkbox"/>		Feet	
Do we Need?									
Ambulance		<input type="checkbox"/>		Evacuation		<input type="checkbox"/>		ER Team	
Other		<input type="checkbox"/>		None		<input checked="" type="checkbox"/>			
Wind direction & Speed				<div style="text-align: center;"> <p>0 North</p> <p>270 West</p> <p>180 South</p> </div>					
Cross out area that the wind is coming from. This will tell where to send the people to.									
Send to Zone _____ No wind send to Zone 3									
Filled out by: J Kennedy									
Visual check:									

# EMERGENCY PHONE CHECKLIST

Agrium CPO

DATE: 4/27/2009

TIME: 0:50

Revised 7/16/2008

<b>ANSWERED:</b>			
<i>Lab</i>	<input checked="" type="checkbox"/>	<i>Safety</i>	<input type="checkbox"/>
		<i>Guard</i>	<input checked="" type="checkbox"/>
<b>Name of person calling:</b> <u>Cody Muir</u>			
<b>Was 333 called?</b>			
Yes	<input checked="" type="checkbox"/>		
No	<input type="checkbox"/>		
<b>Nature of Emergency:</b>		<b>Release Information: (In Gallons)</b>	
Accident	<input type="checkbox"/>	Amount Spilled	<input type="text" value="200"/>
Explosion	<input type="checkbox"/>	Amount Contained	<input type="text"/>
Fire	<input type="checkbox"/>	Amount Not Contained	<input type="text" value="200"/>
Release	<input checked="" type="checkbox"/>		
<b>Detailed Comments: (Be Specific)</b> <u>A broken line on the 52% overflow pump caused the spill.</u>			
<b>Area of emergency: (Be Specific)</b> <u>Phos Acid - 52 clarifier</u>			
<b>Nature of Injuries</b>			
<i>None</i>	<input checked="" type="checkbox"/>	<i>Thermal burn</i>	<input type="checkbox"/>
		<i>Laceration</i>	<input type="checkbox"/>
<i>Fall</i>	<input type="checkbox"/>	<i>Chem. Burn</i>	<input type="checkbox"/>
		<i>Other</i>	<input type="checkbox"/>
<b>Area affected</b>			
<i>Eyes</i>	<input type="checkbox"/>	<i>Arms</i>	<input type="checkbox"/>
		<i>Back</i>	<input type="checkbox"/>
<i>Face &amp; Head</i>	<input type="checkbox"/>	<i>Hands</i>	<input type="checkbox"/>
		<i>Legs</i>	<input type="checkbox"/>
<i>Neck</i>	<input type="checkbox"/>	<i>Chest</i>	<input type="checkbox"/>
		<i>Feet</i>	<input type="checkbox"/>
<b>Do we Need?</b>			
<i>Ambulance</i>	<input type="checkbox"/>	<i>Evacuation</i>	<input type="checkbox"/>
		<i>ER Team</i>	<input type="checkbox"/>
<i>Other</i>	<input type="checkbox"/>	<i>None</i>	<input checked="" type="checkbox"/>
<b>Wind direction &amp; Speed</b>		<div style="text-align: center;"><p>0 North</p><p>270 West</p><p>90 East</p><p>180 South</p></div>	
MPH <input type="text" value="0"/> Direction <input type="text"/>			
Cross out area that the wind is coming from. This will tell where to send the people to. <b>Send to Zone</b> <input type="text"/> No wind send to Zone 3			
<b>Filled out by:</b> <u>Daren Maughan</u>			
<b>Visual check:</b>			

NUW 006383

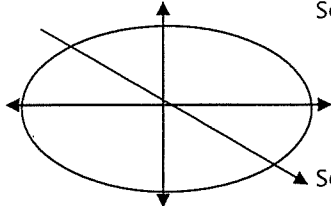
**EMERGENCY PHONE CHECKLIST**

Agrium CPO

DATE: **4/30/2009**

TIME: 23:02

Revised 7/16/2008

<b>ANSWERED:</b>		<i>Lab</i>	<input checked="" type="checkbox"/>	<i>Safety</i>	<input type="checkbox"/>	<i>Guard</i>	<input checked="" type="checkbox"/>
<b>Name of person calling:</b> <u>Dale Humpherys</u>							
<b>Was 333 called?</b>							
Yes		<input checked="" type="checkbox"/>					
No		<input type="checkbox"/>					
<b>Nature of Emergency:</b>				<b>Release Information: (In Gallons)</b>			
Accident		<input type="checkbox"/>		Amount Spilled		<input type="checkbox"/>	
Explosion		<input type="checkbox"/>		Amount Contained		<input type="checkbox"/>	
Fire		<input type="checkbox"/>		Amount Not Contained		<b>40 gal</b>	
Release		<input checked="" type="checkbox"/>					
<b>Detailed Comments:</b> (Be Specific)				<b>The spout from launder to Tank 12 was partially blocked when extra flow was sent down the spout causing the spill.</b>			
<b>Area of emergency:</b> (Be Specific)				<b>Tank 12</b>			
<b>Nature of Injuries</b>							
None		<input checked="" type="checkbox"/>		Thermal burn		<input type="checkbox"/>	
Fall		<input type="checkbox"/>		Chem. Burn		<input type="checkbox"/>	
Laceration		<input type="checkbox"/>		Other		<input type="checkbox"/>	
<b>Area affected</b>							
Eyes		<input type="checkbox"/>		Arms		<input type="checkbox"/>	
Face & Head		<input type="checkbox"/>		Hands		<input type="checkbox"/>	
Neck		<input type="checkbox"/>		Chest		<input type="checkbox"/>	
Back		<input type="checkbox"/>		Legs		<input type="checkbox"/>	
Feet		<input type="checkbox"/>					
<b>Do we Need?</b>							
Ambulance		<input type="checkbox"/>		Evacuation		<input type="checkbox"/>	
ER Team		<input type="checkbox"/>		Other		<input type="checkbox"/>	
None		<input checked="" type="checkbox"/>					
<b>Wind direction &amp; Speed</b>				<div style="text-align: center;">0 North Send to Zone 4      Send to Zone 1 270 West      90 East Send to Zone 3      Send to Zone 2 180 South</div> 			
MPH <b>7</b>		Direction <b>NW</b>					
Cross out area that the wind is coming from. This will tell where to send the people to. <b>Send to Zone</b> No wind send to Zone 3							
<b>Filled out by:</b> <b>Tony Wuthrich</b>							
<b>Visual check:</b>							

NUW 006384



**EMERGENCY PHONE CHECKLIST**

Agrium CPO

DATE: **5/3/2009**

TIME: 17:56

Revised 7/16/2008

<b>ANSWERED:</b>		Lab <input checked="" type="checkbox"/>	Safety <input type="checkbox"/>	Guard <input checked="" type="checkbox"/>
<b>Name of person calling:</b> Ross Loertscher				
<b>Was 333 called?</b>				
Yes	<input checked="" type="checkbox"/>			
No	<input type="checkbox"/>			
<b>Nature of Emergency:</b>		<b>Release Information: (In Gallons)</b> 30% acid		
Accident	<input type="checkbox"/>	Amount Spilled	<input type="text" value="200 gal"/>	
Explosion	<input type="checkbox"/>	Amount Contained	<input type="text" value="200 gal"/>	
Fire	<input type="checkbox"/>	Amount Not Contained	<input type="text"/>	
Release	<input checked="" type="checkbox"/>			
<b>Detailed Comments: (Be Specific)</b> 30% Phosphoric acid release by the 30% clarifiers.				
<b>Area of emergency: (Be Specific)</b> West side of Phos acid by 30 clarifiers				
<b>Nature of Injuries</b>				
None	<input checked="" type="checkbox"/>	Thermal burn	<input type="checkbox"/>	Laceration <input type="checkbox"/>
Fall	<input type="checkbox"/>	Chem. Burn	<input type="checkbox"/>	Other <input type="checkbox"/>
<b>Area affected</b>				
Eyes	<input type="checkbox"/>	Arms	<input type="checkbox"/>	Back <input type="checkbox"/>
Face & Head	<input type="checkbox"/>	Hands	<input type="checkbox"/>	Legs <input type="checkbox"/>
Neck	<input type="checkbox"/>	Chest	<input type="checkbox"/>	Feet <input type="checkbox"/>
<b>Do we Need?</b>				
Ambulance	<input type="checkbox"/>	Evacuation	<input type="checkbox"/>	ER Team <input type="checkbox"/>
Other	<input type="checkbox"/>	None	<input checked="" type="checkbox"/>	
<b>Wind direction &amp; Speed</b>		<div style="text-align: center;"> <p>0 North</p> <p>270 West      90 East</p> <p>Send to Zone 4      Send to Zone 1</p> <p>Send to Zone 3      Send to Zone 2</p> <p>180 South</p> </div>		
MPH <input type="text" value="2"/>	Direction <input type="text" value="east"/>			
Cross out area that the wind is coming from. This will tell where to send the people to.				
Send to Zone <input type="text" value="2"/> No wind send to Zone 3				
<b>Filled out by:</b> Howard Johnson				
<b>Visual check:</b> east to west				

# EMERGENCY PHONE CHECKLIST

Agrium CPO

DATE: 5/7/2009

TIME: 14:20

Revised 7/16/2008

<b>ANSWERED:</b>				<i>Lab</i>	<input checked="" type="checkbox"/>	<i>Safety</i>	<input checked="" type="checkbox"/>	<i>Guard</i>	<input checked="" type="checkbox"/>
<b>Name of person calling:</b> <u>Shane Passey</u>									
<b>Was 333 called?</b> <div style="display: flex; justify-content: space-between;"> <span>Yes</span> <div style="border: 1px solid black; padding: 2px; text-align: center;"><input checked="" type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between;"> <span>No</span> <div style="border: 1px solid black; padding: 2px; text-align: center;"><input type="checkbox"/></div> </div>									
<b>Nature of Emergency:</b>					<b>Release Information: (In Gallons)</b>				
<div style="display: flex;"> <div style="flex: 1;"> <b>Accident</b> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>  <b>Explosion</b> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>  <b>Fire</b> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>  <b>Release</b> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block; text-align: center;"><input checked="" type="checkbox"/></div> </div> <div style="flex: 1; padding-left: 20px;"> <b>Amount Spilled</b> <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block; text-align: center;">75 to 100 tons</div>  <b>Amount Contained</b> <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block; text-align: center;">All</div>  <b>Amount Not Contained</b> <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> </div> </div>									
<b>Detailed Comments: (Be Specific)</b> <b>The #1 98% sulfuric acid storage tank was intentionally released into the old cooling basin sump.</b>									
<b>Area of emergency: (Be Specific)</b> <u>East Sulfuric Plant</u>									
<b>Nature of Injuries</b> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span><i>None</i> <input checked="" type="checkbox"/></span> <span><i>Thermal burn</i> <input type="checkbox"/></span> <span><i>Laceration</i> <input type="checkbox"/></span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span><i>Fall</i> <input type="checkbox"/></span> <span><i>Chem. Burn</i> <input type="checkbox"/></span> <span><i>Other</i> <input type="checkbox"/></span> </div>									
<b>Area affected</b> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span><i>Eyes</i> <input type="checkbox"/></span> <span><i>Arms</i> <input type="checkbox"/></span> <span><i>Back</i> <input type="checkbox"/></span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span><i>Face &amp; Head</i> <input type="checkbox"/></span> <span><i>Hands</i> <input type="checkbox"/></span> <span><i>Legs</i> <input type="checkbox"/></span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span><i>Neck</i> <input type="checkbox"/></span> <span><i>Chest</i> <input type="checkbox"/></span> <span><i>Feet</i> <input type="checkbox"/></span> </div>									
<b>Do we Need?</b> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span><i>Ambulance</i> <input type="checkbox"/></span> <span><i>Evacuation</i> <input type="checkbox"/></span> <span><i>ER Team</i> <input type="checkbox"/></span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span><i>Other</i> <input type="checkbox"/></span> <span><i>None</i> <input checked="" type="checkbox"/></span> </div>									
<b>Wind direction &amp; Speed</b> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span><i>MPH</i> <input type="text" value="10"/></span> <span><i>Direction</i> <input type="text" value="W"/></span> </div> <p style="font-size: small;">Cross out area that the wind is coming from. This will tell where to send the people to. <b>Send to Zone</b>      No wind send to Zone 3</p>					<div style="text-align: center;"> <p>0 North</p> <p>180 South</p> </div>				
<b>Filled out by:</b> <b>Steve Moore</b>									
<b>Visual check:</b>									

# EMERGENCY PHONE CHECKLIST

Agrium CPO

DATE: 5/14/2009

TIME: 16:48

Revised 7/16/2008

<b>ANSWERED:</b>				Lab	<input checked="" type="checkbox"/>	Safety	<input checked="" type="checkbox"/>	Guard	<input checked="" type="checkbox"/>
Name of person calling: <u>Mike Skinner</u>									
Was 333 called?									
Yes		<input checked="" type="checkbox"/>							
No		<input type="checkbox"/>							
Nature of Emergency:					Release Information: (In Gallons)				
Accident		<input type="checkbox"/>			Amount Spilled		<input type="text" value="25-50"/>		
Explosion		<input type="checkbox"/>			Amount Contained		<input type="text"/>		
Fire		<input type="checkbox"/>			Amount Not Contained		<input type="text" value="25-50"/>		
Release		<input checked="" type="checkbox"/>							
Detailed Comments: (Be Specific) <u>Flange leaking scrubber liquor/ process fumes and some condensate @ a pH of 2.8 around the dryer duct work</u>									
Area of emergency: (Be Specific) <u>Granulation dryer</u>									
Nature of Injuries									
None		<input checked="" type="checkbox"/>		Thermal burn		<input type="checkbox"/>		Laceration	
Fall		<input type="checkbox"/>		Chem. Burn		<input type="checkbox"/>		Other	
Area affected									
Eyes		<input type="checkbox"/>		Arms		<input type="checkbox"/>		Back	
Face & Head		<input type="checkbox"/>		Hands		<input type="checkbox"/>		Legs	
Neck		<input type="checkbox"/>		Chest		<input type="checkbox"/>		Feet	
Do we Need?									
Ambulance		<input type="checkbox"/>		Evacuation		<input type="checkbox"/>		ER Team	
Other		<input type="checkbox"/>		None		<input checked="" type="checkbox"/>			
Wind direction & Speed				<div style="text-align: center;"> <p>0 North</p> <p>180 South</p> </div>					
MPH <input type="text" value="15"/> Direction <input type="text" value="SW"/>									
<p>Cross out area that the wind is coming from. This will tell where to send the people to. <b>Send to Zone</b> No wind send to Zone 3</p>									
Filled out by: <u>J Kennedy</u>				Send to Zone 4					
Visual check:				Send to Zone 1					
				Send to Zone 2					
				Send to Zone 3					
				Send to Zone 4					

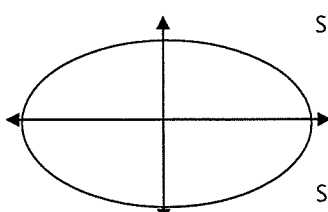
**EMERGENCY PHONE CHECKLIST**

Agrium CPO

DATE: 5/16/2009

TIME: 2:35

Revised 7/16/2008

<b>ANSWERED:</b>		<i>Lab</i>	<input checked="" type="checkbox"/>	<i>Safety</i>	<input type="checkbox"/>	<i>Guard</i>	<input checked="" type="checkbox"/>
<b>Name of person calling:</b> <u>John Inelli</u>							
<b>Was 333 called?</b>							
Yes		<input checked="" type="checkbox"/>					
No		<input type="checkbox"/>					
<b>Nature of Emergency:</b>				<b>Release Information: (In Gallons)</b>			
Accident	<input type="checkbox"/>	Amount Spilled	<input type="text" value="300"/>				
Explosion	<input type="checkbox"/>	Amount Contained	<input type="text" value="300"/>				
Fire	<input type="checkbox"/>	Amount Not Contained	<input type="text"/>				
Release	<input checked="" type="checkbox"/>						
<b>Detailed Comments:</b> (Be Specific)		A broken line from #9 filtrate released 30% acid into secondary containment					
<b>Area of emergency:</b> <u>Phos Acid</u> (Be Specific)							
<b>Nature of Injuries</b>		None	<input checked="" type="checkbox"/>	Thermal burn	<input type="checkbox"/>	Laceration	<input type="checkbox"/>
		Fall	<input type="checkbox"/>	Chem. Burn	<input type="checkbox"/>	Other	<input type="checkbox"/>
<b>Area affected</b>		Eyes	<input type="checkbox"/>	Arms	<input type="checkbox"/>	Back	<input type="checkbox"/>
		Face & Head	<input type="checkbox"/>	Hands	<input type="checkbox"/>	Legs	<input type="checkbox"/>
		Neck	<input type="checkbox"/>	Chest	<input type="checkbox"/>	Feet	<input type="checkbox"/>
<b>Do we Need?</b>		Ambulance	<input type="checkbox"/>	Evacuation	<input type="checkbox"/>	ER Team	<input type="checkbox"/>
		Other	<input type="checkbox"/>	None	<input checked="" type="checkbox"/>		
<b>Wind direction &amp; Speed</b>		<div style="text-align: center;"><p>0 North</p><p>Send to Zone 4      Send to Zone 1</p><p>270 West      90 East</p><p>Send to Zone 3      Send to Zone 2</p><p>180 South</p></div>					
Cross out area that the wind is coming from. This will tell where to send the people to. <b>Send to Zone</b> No wind send to Zone 3							
<b>Filled out by:</b> <u>M. Martinez</u>							
<b>Visual check:</b> <u>East to West</u>							

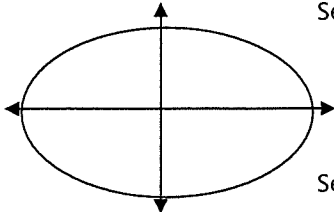
# EMERGENCY PHONE CHECKLIST

Agrium CPO

DATE: 5/20/2009

TIME: 15:08

Revised 7/16/2008

<b>ANSWERED:</b>				<i>Lab</i>	<input checked="" type="checkbox"/>	<i>Safety</i>	<input checked="" type="checkbox"/>	<i>Guard</i>	<input checked="" type="checkbox"/>				
<b>Name of person calling:</b> <u>Ross Loertscher</u>													
<b>Was 333 called?</b>													
Yes		<input checked="" type="checkbox"/>											
No		<input type="checkbox"/>											
<b>Nature of Emergency:</b>					<b>Release Information: (In Gallons)</b>								
Accident		<input type="checkbox"/>		Amount Spilled		<input type="text" value="25 gal."/>							
Explosion		<input type="checkbox"/>		Amount Contained		<input type="text"/>							
Fire		<input type="checkbox"/>		Amount Not Contained		<input type="text" value="25 Gal"/>							
Release		<input checked="" type="checkbox"/>											
<b>Detailed Comments: (Be Specific)</b> <u>25 gallons of 30% Phosphoric Acid splashed out of the launder and landed in a area that was outside of containment.</u>													
<b>Area of emergency: (Be Specific)</b> <u>West side of the old phos building</u>													
<b>Nature of Injuries</b>													
None		<input checked="" type="checkbox"/>		Thermal burn		<input type="checkbox"/>		Laceration		<input type="checkbox"/>			
Fall		<input type="checkbox"/>		Chem. Burn		<input type="checkbox"/>		Other		<input type="checkbox"/>			
<b>Area affected</b>													
Eyes		<input type="checkbox"/>		Arms		<input type="checkbox"/>		Back		<input type="checkbox"/>			
Face & Head		<input type="checkbox"/>		Hands		<input type="checkbox"/>		Legs		<input type="checkbox"/>			
Neck		<input type="checkbox"/>		Chest		<input type="checkbox"/>		Feet		<input type="checkbox"/>			
<b>Do we Need?</b>													
Ambulance		<input type="checkbox"/>		Evacuation		<input type="checkbox"/>		ER Team		<input type="checkbox"/>			
Other		<input type="checkbox"/>		None		<input checked="" type="checkbox"/>							
<b>Wind direction &amp; Speed</b>				<div style="text-align: center;"><p>0 North</p><p>Send to Zone 4      Send to Zone 1</p><p>270 West      90 East</p><p>Send to Zone 3      Send to Zone 2</p><p>180 South</p></div>									
MPH		<input type="text" value="9"/>								Direction		<input type="text" value="W"/>	
Cross out area that the wind is coming from. This will tell where to send the people to.													
<b>Send to Zone</b> <input type="text"/> No wind send to Zone 3													
<b>Filled out by:</b> <u>Steve Moore</u>													
<b>Visual check:</b> <u>west to East</u>													

NUW 006389

**EMERGENCY PHONE CHECKLIST**

Agrium CPO

DATE: 5/26/2009

TIME: 17:42

Revised 7/16/2008

<b>ANSWERED:</b>		Lab <input checked="" type="checkbox"/>	Safety <input type="checkbox"/>	Guard <input checked="" type="checkbox"/>
<b>Name of person calling:</b> <u>Joe Morgan</u>				
<b>Was 333 called?</b>				
Yes	<input checked="" type="checkbox"/>			
No	<input type="checkbox"/>			
<b>Nature of Emergency:</b>		<b>Release Information: (In Gallons)</b>		
Accident	<input type="checkbox"/>	93% sulfuric acid		
Explosion	<input type="checkbox"/>	<b>Amount Spilled</b>	<input type="text" value="5 gal"/>	
Fire	<input type="checkbox"/>	<b>Amount Contained</b>	<input type="text" value=""/>	
Release	<input checked="" type="checkbox"/>	<b>Amount Not Contained</b>	<input type="text" value="5 gal"/>	
<b>Detailed Comments: (Be Specific)</b> <u>an acid leak in the 93% sulfuric acid line south of the cooler deck.</u>				
<b>Area of emergency: (Be Specific)</b> <u>East Sulfuric</u>				
<b>Nature of Injuries</b>				
None	<input checked="" type="checkbox"/>	Thermal burn	<input type="checkbox"/>	Laceration <input type="checkbox"/>
Fall	<input type="checkbox"/>	Chem. Burn	<input type="checkbox"/>	Other <input type="checkbox"/>
<b>Area affected</b>				
Eyes	<input type="checkbox"/>	Arms	<input type="checkbox"/>	Back <input type="checkbox"/>
Face & Head	<input type="checkbox"/>	Hands	<input type="checkbox"/>	Legs <input type="checkbox"/>
Neck	<input type="checkbox"/>	Chest	<input type="checkbox"/>	Feet <input type="checkbox"/>
<b>Do we Need?</b>				
Ambulance	<input type="checkbox"/>	Evacuation	<input type="checkbox"/>	ER Team <input type="checkbox"/>
Other	<input type="checkbox"/>	None <input checked="" type="checkbox"/>		
<b>Wind direction &amp; Speed</b>		<div style="text-align: center;"> <p>0 North</p> <p>270 West</p> <p>180 South</p> </div>		
MPH	<input type="text" value="10"/>			
Direction	<input type="text" value="0. East"/>			
<p>Cross out area that the wind is coming from. This will tell where to send the people to.</p> <p><b>Send to Zone</b> <input type="text" value="1"/> No wind send to Zone 3</p>				
<b>Filled out by:</b> <u>Howard Johnson</u>				
<b>Visual check:</b> <u>northeast to southwest</u>				

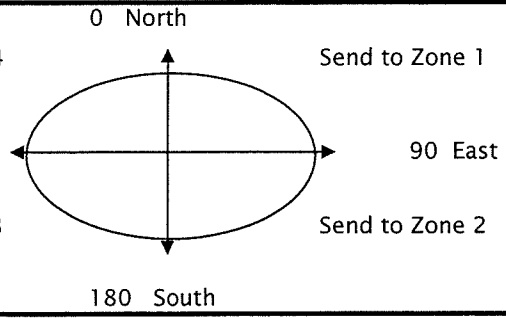
# EMERGENCY PHONE CHECKLIST

Agrium CPO

DATE: 6/2/2009

TIME: 15:15

Revised 7/16/2008

<b>ANSWERED:</b>				Lab	<input checked="" type="checkbox"/>	Safety	<input type="checkbox"/>	Guard	<input checked="" type="checkbox"/>	
Name of person calling: <u>Jeff Parker</u>										
Was 333 called?										
Yes		<input checked="" type="checkbox"/>								
No		<input type="checkbox"/>								
Nature of Emergency:					Release Information: (In Gallons)					
Accident		<input type="checkbox"/>		Amount Spilled		<input type="checkbox"/> 10				
Explosion		<input type="checkbox"/>		Amount Contained		<input type="checkbox"/>				
Fire		<input type="checkbox"/>		Amount Not Contained		<input type="checkbox"/> 10				
Release		<input checked="" type="checkbox"/>								
Detailed Comments: (Be Specific) <u>A sulfur car being reheated ran over.</u>										
Area of emergency: (Be Specific) <u>East Sulfuric plant on Sulfur unloading track.</u>										
Nature of Injuries										
None		<input checked="" type="checkbox"/>		Thermal burn		<input type="checkbox"/>		Laceration		<input type="checkbox"/>
Fall		<input type="checkbox"/>		Chem. Burn		<input type="checkbox"/>		Other		<input type="checkbox"/>
Area affected										
Eyes		<input type="checkbox"/>		Arms		<input type="checkbox"/>		Back		<input type="checkbox"/>
Face & Head		<input type="checkbox"/>		Hands		<input type="checkbox"/>		Legs		<input type="checkbox"/>
Neck		<input type="checkbox"/>		Chest		<input type="checkbox"/>		Feet		<input type="checkbox"/>
Do we Need?										
Ambulance		<input type="checkbox"/>		Evacuation		<input type="checkbox"/>		ER Team		<input type="checkbox"/>
Other		<input type="checkbox"/>		None		<input checked="" type="checkbox"/>				
Wind direction & Speed										
Cross out area that the wind is coming from. This will tell where to send the people to. <b>Send to Zone</b> No wind send to Zone 3										
Filled out by: <b>Daren Maughan</b>										
Visual check:										

NUW 006391

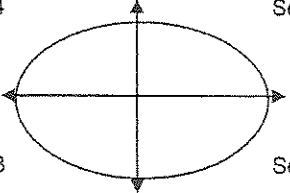
# EMERGENCY PHONE CHECKLIST

Agrium CPO

DATE: 6/15/2009

TIME: 0900

Revised 7/16/2008

<b>ANSWERED:</b>				Lab	<input checked="" type="checkbox"/>	Safety	<input type="checkbox"/>	Guard	<input checked="" type="checkbox"/>
Name of person calling: <u>Charlie White</u>									
Was 333 called?									
Yes		<input checked="" type="checkbox"/>							
No		<input type="checkbox"/>							
Nature of Emergency:					Release Information: (In Gallons)				
Accident	<input type="checkbox"/>	Amount Spilled			<input type="text" value="8 Tons"/>				
Explosion	<input type="checkbox"/>	Amount Contained			<input type="text"/>				
Fire	<input type="checkbox"/>	Amount Not Contained			<input type="text" value="8 Tons"/>				
Release	<input checked="" type="checkbox"/>								
Detailed Comments: <b>11-52 spilled out the south end of the dry product warehouse</b> (Be Specific)									
Area of emergency: <b>South end of the dry product warehouse</b> (Be Specific)									
Nature of Injuries									
None		<input checked="" type="checkbox"/>	Thermal burn		<input type="checkbox"/>	Laceration		<input type="checkbox"/>	
Fall		<input type="checkbox"/>	Chem. Burn		<input type="checkbox"/>	Other		<input type="checkbox"/>	
Area affected									
Eyes	<input type="checkbox"/>	Arms	<input type="checkbox"/>	Back	<input type="checkbox"/>				
Face & Head	<input type="checkbox"/>	Hands	<input type="checkbox"/>	Legs	<input type="checkbox"/>				
Neck	<input type="checkbox"/>	Chest	<input type="checkbox"/>	Feet	<input type="checkbox"/>				
Do we Need?									
Ambulance		<input type="checkbox"/>	Evacuation		<input type="checkbox"/>	ER Team		<input type="checkbox"/>	
Other		<input type="checkbox"/>	None		<input checked="" type="checkbox"/>				
Wind direction & Speed			<div style="display: flex; justify-content: space-between;"> <span>0 North</span> <span>Send to Zone 1</span> </div> <div style="display: flex; justify-content: space-between;"> <span>270 West</span> <span>90 East</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Send to Zone 3</span> <span>Send to Zone 2</span> </div> <div style="display: flex; justify-content: space-between;"> <span>180 South</span> </div> 						
Wind <span style="margin-left: 20px;">MPH</span> <span style="border: 1px solid black; padding: 0 5px;">1</span> <span style="margin-left: 20px;">Direction</span> <span style="border: 1px solid black; padding: 0 5px;">SE</span> Cross out area that the wind is coming from. This will tell where to send the people to. Send to Zone <span style="border: 1px solid black; padding: 0 5px;"></span> No wind send to Zone 3									
Filled out by: <u>J Kennedy</u>									
Visual check:									



# EMERGENCY PHONE CHECKLIST

Agrium CPO

DATE: 6/16/2009

TIME: 0805

Revised 7/16/2008

<b>ANSWERED:</b>			
Lab <input checked="" type="checkbox"/>	Safety <input checked="" type="checkbox"/>	Guard <input checked="" type="checkbox"/>	
Name of person calling: <u>Rodney Peterson</u>			
Was 333 called?			
Yes	<input checked="" type="checkbox"/>		
No	<input type="checkbox"/>		
Nature of Emergency:		Release Information: (In Gallons)	
Accident	<input type="checkbox"/>	Amount Spilled	<input type="text" value="500"/>
Explosion	<input type="checkbox"/>	Amount Contained	<input type="text" value=""/>
Fire	<input type="checkbox"/>	Amount Not Contained	<input type="text" value="500"/>
Release	<input checked="" type="checkbox"/>		
Detailed Comments: <u>Tk 12 line launder</u> (Be Specific)			
Area of emergency: <u>Phos: DB Box</u> (Be Specific)			
Nature of Injuries			
None	<input checked="" type="checkbox"/>	Thermal burn	<input type="checkbox"/>
Laceration	<input type="checkbox"/>	Fall	<input type="checkbox"/>
Chem. Burn	<input type="checkbox"/>	Other	<input type="checkbox"/>
Area affected			
Eyes	<input type="checkbox"/>	Arms	<input type="checkbox"/>
Back	<input type="checkbox"/>	Face & Head	<input type="checkbox"/>
Legs	<input type="checkbox"/>	Neck	<input type="checkbox"/>
Chest	<input type="checkbox"/>	Feet	<input type="checkbox"/>
Do we Need?			
Ambulance	<input type="checkbox"/>	Evacuation	<input type="checkbox"/>
ER Team	<input type="checkbox"/>	Other	<input type="checkbox"/>
None	<input checked="" type="checkbox"/>		
Wind direction & Speed		<div style="text-align: center;"> <p>0 North</p> <p>270 West      90 East</p> <p>180 South</p> </div>	
<p>MPH <input type="text" value="1"/> Direction <input type="text" value="SSW"/></p> <p>Cross out area that the wind is coming from. This will tell where to send the people to. Send to Zone      No wind send to Zone 3</p>			
Filled out by: <u>J Kennedy</u>			
Visual check:			



**Agrium Conda Phosphate Operations\***

3010 Conda Road  
Soda Springs, ID 83276  
Tel: 208-547-4381  
Fax: 208-547-2550

June 30, 2009

File Number: TS-09-50

Tom Hepworth, Engineering Regional Manager  
Idaho Department of Environmental Quality  
444 Hospital Way, #300  
Pocatello, ID 83201

Dear Mr. Hepworth:

Agrium Conda Phosphate Operations wishes to notify IDEQ that by using the lysemeter system in the East Cooling Pond Cell, a leak of 3.2 gallons/minute was confirmed on June 17, 2009. As we discussed this morning, our Operating and Maintenance Manual states that if a 10 gpm or less leak is observed for a continuous 60 day period, then corrective action will be completed within the following six month period. Agrium CPO intends to follow these guidelines. The Manual also states leakage assessment reports will be submitted to the IDEQ on a monthly basis for leaks less than 10 gpm. We plan to send IDEQ the first report in July.

If you have any questions, please do not hesitate to contact myself or Greg Lowry.

Yours truly,

A handwritten signature in black ink, appearing to read "Doug Graunke". The signature is fluid and cursive, with the first name "Doug" being more prominent.

Doug Graunke  
Engineering Specialist

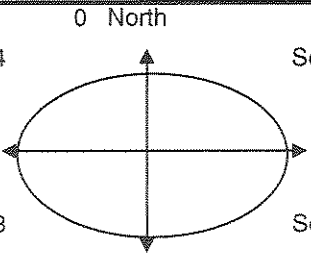
# EMERGENCY PHONE CHECKLIST

Agrium CPO

DATE: 6/20/2009

TIME: 2115

Revised 7/16/2008

<b>ANSWERED:</b>				Lab	<input checked="" type="checkbox"/>	Safety	<input type="checkbox"/>	Guard	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Name of person calling: <u>Ron Parker</u>										
Was 333 called?										
Yes		<input checked="" type="checkbox"/>								
No		<input type="checkbox"/>								
Nature of Emergency:					Release Information: (In Gallons)					
Accident	<input type="checkbox"/>				Amount Spilled	<input type="text" value="30"/>				
Explosion	<input type="checkbox"/>				Amount Contained	<input type="text"/>				
Fire	<input type="checkbox"/>				Amount Not Contained	<input type="text" value="0"/>				
Release	<input checked="" type="checkbox"/>									
Detailed Comments: <u>93% H2SO4</u> (Be Specific)										
Area of emergency: <u>SW corner of old cooling basin</u> (Be Specific)										
Nature of Injuries										
None		<input checked="" type="checkbox"/>		Thermal burn		<input type="checkbox"/>		Laceration		<input type="checkbox"/>
Fall		<input type="checkbox"/>		Chem. Burn		<input type="checkbox"/>		Other		<input type="checkbox"/>
Area affected										
Eyes		<input type="checkbox"/>		Arms		<input type="checkbox"/>		Back		<input type="checkbox"/>
Face & Head		<input type="checkbox"/>		Hands		<input type="checkbox"/>		Legs		<input type="checkbox"/>
Neck		<input type="checkbox"/>		Chest		<input type="checkbox"/>		Feet		<input type="checkbox"/>
Do we Need?										
Ambulance		<input type="checkbox"/>		Evacuation		<input type="checkbox"/>		ER Team		<input type="checkbox"/>
Other		<input type="checkbox"/>		None		<input checked="" type="checkbox"/>				
Wind <u>MPH</u> <u>5</u> <u>Direction</u> <u>S</u>				<div style="text-align: center;"> <p>0 North</p> <p>Send to Zone 4      Send to Zone 1</p> <p>270 West      90 East</p> <p>Send to Zone 3      Send to Zone 2</p> <p>180 South</p>  </div>						
direction & Speed Cross out area that the wind is coming from. This will tell where to send the people to. Send to Zone      No wind send to Zone 3										
Filled out by: <u>J Kennedy</u>										
Visual check:										

NUW 006393B

# EMERGENCY PHONE CHECKLIST

Agrium CPO

DATE: 7/5/2009

TIME: 20:28

Revised 7/16/2008

<b>ANSWERED:</b>				Lab	<input checked="" type="checkbox"/>	Safety	<input type="checkbox"/>	Guard	<input checked="" type="checkbox"/>
Name of person calling: _____									
Was 333 called?									
Yes		<input type="checkbox"/>							
No		<input type="checkbox"/>							
Nature of Emergency:				Release Information: (In Gallons)					
Accident		<input type="checkbox"/>		Amount Spilled		<input type="text" value="4000"/>			
Explosion		<input type="checkbox"/>		Amount Contained		<input type="text" value="4000"/>			
Fire		<input type="checkbox"/>		Amount Not Contained		<input type="text" value="0"/>			
Release		<input checked="" type="checkbox"/>							
Detailed Comments: Pond water spill. Cake wash line split (Be Specific)									
Area of emergency: East side of filter building (Be Specific)									
Nature of Injuries									
None		<input checked="" type="checkbox"/>		Thermal burn		<input type="checkbox"/>		Laceration	
Fall		<input type="checkbox"/>		Chem. Burn		<input type="checkbox"/>		Other	
Area affected									
Eyes		<input type="checkbox"/>		Arms		<input type="checkbox"/>		Back	
Face & Head		<input type="checkbox"/>		Hands		<input type="checkbox"/>		Legs	
Neck		<input type="checkbox"/>		Chest		<input type="checkbox"/>		Feet	
Do we Need?									
Ambulance		<input type="checkbox"/>		Evacuation		<input type="checkbox"/>		ER Team	
Other		<input type="checkbox"/>		None		<input checked="" type="checkbox"/>			
Wind direction & Speed				<div style="text-align: center;"> <p>0 North</p> <p>270 West      90 East</p> <p>Send to Zone 4      Send to Zone 1</p> <p>Send to Zone 3      Send to Zone 2</p> <p>180 South</p> </div>					
MPH		<input type="text" value="3"/>							
Direction		<input type="text" value="E"/>							
<p>Cross out area that the wind is coming from.</p> <p>This will tell where to send the people to.</p> <p><b>Send to Zone</b>      No wind send to Zone 3</p>									
Filled out by: J Kennedy									
Visual check:									